Legal Beagle
1430 Franklin
Oakland, CA 94612
Phone: (510) 451-5650 Fax: (510) 451-1456

CLIENT: City Attorney's Office, City of Berkeley
2180 Milvia St. 4th Fl.
Berkeley, CA 94704

ATTENTION: Lynne S. Bourgault

FILE NUMBER: 14-457

CASE NAME: Arthur Moore successor of Xavier Moore
vs
City of Berkeley

RECORDS ON: Xavier Christopher Moore, aka Kayla Moore

FROM: Alta Bates Hos.-Medical Records
2450 Ashby Ave.
Berkeley, CA 94705

☐ THE ENCLOSED RECORDS COMPLETE YOUR REQUEST FROM THIS CUSTODIAN

☐ THIS REQUEST IS INCOMPLETE FOR THE FOLLOWING REASON:

- ☐ Billing records were not available at the time of copying and will be fowarded to your office when they become available.
- ☐ X-Rays were not available at the time of copying and will be forwarded when available.

☐ THERE ARE NO RECORDS AT THE ABOVE LOCATION

☐ OTHER: ____

____

VOLUME ________OF________

Order: FED75164A-01/CPROOF21

DECLARATION OF CUSTODIAN OF RECORDS

(X) I HEREBY DECLARE under penalty of perjury that the following statements are true to the best of my knowledge and belief.

I am the duly authorized custodian of records of the below named and I certify that the accompanying records are true and complete copies of records maintained in the regular course and scope of business of my employer and were prepared by authorized personnel at or near the time of the acts, conditions or events which they intend to convey. As custodian, I testify to the records identity and method of preparation. The source of the information and method of preparation were such as to indicate their trustworthiness. If I were called as a witness in this matter, I could and would testify under oath to these facts. No documents, records or other things have been withheld except as noted below.

Certain records were omitted because ______________________________

****

OR IN THE ALTERNATIVE:

( ) I HEREBY DECLARE under penalty of perjury that I have NO RECORDS concerning Xavier Christopher Moore, aka Kayla Moore.

Please explain if you have no records: ______________________________

Fed 75164A-02

( ) I have no X-RAYS or other diagnostic films.

( ) I have no BILLING RECORDS.

Records Subpoenaed From: Alta Bates Hos.-Medical Records

12-14-15

Date

Concerning: Xavier Christopher Moore, aka Kayla Moore
DOB: 04/17/1971
ID No.: CDL A4203076

Christine Wendland

Signature of Custodian

Christine Wendland

Print Name

HOW ORIGINAL RECORDS WERE PREPARED:
( ) Handwritten notes
( ) Typed or Data Entered
( ) Transcribed
( ) Other: ____________

Records were made during, or promptly after the act, condition or event reflected in such records.

Pete Esparza 12-14-15

Legal Beagle
1430 Franklin, Oakland, CA 94612
Phone: (510) 451-5650 Fax: (510) 451-1456

Order#:FED75164A-01/CPROOF7

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AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER

BUSINESS AND PROFESSIONAL CODE 22462

THE ORIGINAL/COPY OF RECORDS WERE RELEASED TO THE BELOW NAMED PROFESSIONAL PHOTOCOPIER FOR PRODUCTION OF RECORDS UNDER AUTHORIZATION, SUBPENA OR OTHER MEANS.

THE RECORDS SHALL BE TRANSMITTED OR DISTRIBUTED TO THE AUTHORIZED PERSONS OR ENTITIES.

EMPLOYEE OF LEGAL BEAGLE
Alameda County 71

This document has not been authenticated

Author: Bonnes, Benjamin J, MD Service: (none) Author Type: Physician
Filed: 02/15/13 1911 Note Time: 02/13/13 0745 Status: Unsigned Transcription
Editor: Bonnes, Benjamin J, MD (Physician) Trans ID: 3074794ES
Trans Status: Unavailable Dictation Time: 02/13/13 0745 Trans Time: 02/13/13 0747
Trans Doc Type: ED Provider Notes

Location: Alta Bates Summit Medical Center - Alta Bates Campus
PATIENT: MOORE, XAVIER
MRN: 1245648
Account: 1304400388
DOB: 04/17/1971
Visit Start Date: 02/13/2013
Service Date:
Author: BENJAMIN BONNES, MD

ED Provider Notes

Clinical Report - Physicians/Mid Levels
Alta Bates Summit Medical Center - Alta Bates Campus
Emergency Department
2450 Ashby Avenue, Berkeley, CA 94705 (510) 204-1303
02/13/2013 1:08

Patient: MOORE, XAVIER
MRN: 1245648 Visit ID: 1304400388
Sex: M DOB: 04/17/1971 Age: 41y

Arrived- By ambulance. Historian- EMS personnel. History limited by obtundation. Physical Exam limited by obtundation.

HISTORY OF PRESENT ILLNESS
Chief Complaint- CARDIAC ARREST and COLLAPSED. This occurred 20 minutes PTA. Obese male with history of transgender (on estrogen) brought by EMS in cardiac arrest. Has psych and drug history. Was reportedly struggling with police for some time, requiring physical restraint. Reportedly admitted to methamphetamine to BPD. While still fighting with police, patient briefly noted dyspnea, then collapsed. Police started CPR immediately. EMS continued with compression device, advanced airway, IO access and three rounds of Epi for asystole (the entire time). GLucose high normal on scene.. Arrived with CPR in progress. He had preceding symptoms of difficulty breathing.

The patient collapsed. Arrest was witnessed. Down time before CPR (seconds). Paramedics findings: The patient was apneic. Prehospital treatment: Intubation was performed. The patient was ventilated. Compressions performed. IV fluids given. Given epinephrine.

Recent medical care: The patient was seen recently at this facility. (history of psych, transgender, on estrogens).

REVIEW OF SYSTEMS

Unobtainable secondary to condition. No vomiting. above as reported by police. All systems otherwise negative, except as recorded above.

PAST HISTORY
(Hypertension. Pt identifies as transgender (female). Obesity. Schizophrenia.).

Medications:
Estrogens Conjugated Oral.
Hydrochlorothiazide Oral..

SOCIAL HISTORY
History of drug use.

ADDITIONAL NOTES
The nursing notes have been reviewed.

PHYSICAL EXAM
Appearance: Ongoing CPR. Unresponsive.
Vital Signs: Blood pressure: none. Heart rate: asystole. Respiratory rate apneic.
Eyes: Pupils fixed and dilated.
ENT: (airway present).
Neck: Normal inspection.
CVS: Chest compressions performed by thumper with good femoral pulse generated. No spontaneous pulse.
Respiratory: Ventilated. No spontaneous respirations. Endotracheal tube in place. Breath sounds equal. Good chest movement.
Abdomen: Soft. Obese.
Skin: Skin warm and dry. Normal skin color.
Extremities: No rigidity present.
Neuro: Unresponsive.

LABS, X-RAYS, AND EKG
Laboratory Tests: Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process. GFR: (COLL: 02/13/2013 01:15) (MsgRcvd 02/13/2013 01:53) Final results

Test	**Result**	**Flag**	Units**	**(Reference
GLOMERULAR FILTRATION RATE	57	L	*	(> 60)

*Units: mL/min/1.73 sq.metersGFR estimate below 60 ml/min/1.73 sq.meters is indicativeof chronic renal disease. GFR estimate below15 ml/min/1.73 sq. meters indicates renal failure.

Magnesium: (COLL: 02/13/2013 01:15) (MsgRcvd 02/13/2013 01:54) Final results

Test	**Result**	**Flag**	Units**	**(Reference
MAGNESIUM	4.2	H	mg/dL	(1.8-2.4)

Alcohol (Ethanol): (COLL: 02/13/2013 01:15) (MsgRcvd 02/13/2013 01:54)

Final results

Test	**Result**	**Flag**	**Units**	**(Reference
ETHANOL (ETHYL ALCOHOL)	0.001		g/dL	(0.000-0.02

CMP (Comprehensive Metabolic Panel): (COLL: 02/13/2013 01:15) (MsgRcvd 02/13/2013 01:53) Final results

Test	**Result**	**Flag**	**Units**	**(Reference
SODIUM	151	H	mmol/L	(135-148)
POTASSIUM	5.8	H	mmol/L	(3.5-5.1)

Testing performed on specimen exhibiting 1 + hemolysis. Hemolysis mayresult in a falsely elevated LDH,AST,K,ALT,MG,PHOS,DBILI and TP.

CHLORIDE	100		mmol/L	(100-112)
CO2 (BICARBONATE)	15	L	mmol/L	(22-32)
CALCIUM	10.7	H	mg/dL	(8.2-10.2)
GLUCOSE, FASTING	251	H	mg/dL	(70-99)
CREATININE, SERUM	1.7	H	mg/dL	(0.6-1.4)
BLOOD UREA NITROGEN(BUN)	23		mg/dL	(6-25)
SGOT/AST	307	H	U/L	(15-37)
ALKALINE PHOSPHATASE	153	H	U/L	(26-137)
TOTAL BILIRUBIN	1.0		mg/dL	(0.1-1.3)
TOTAL PROTEIN, SERUM	8.1	H	g/dL	(6.0-8.0)
ALBUMIN	3.7		g/dL	(3.2-4.7)
SGPT/ALT	351	H	U/L	(15-65)
ANION GAP CALCULATED	36	H	mmol/L	(4-15)
BUN/CREATININE RATIO CALCULATD	14			(8-25)
IONIZED CALCIUM-CALCULATED	1.17	H	mmol/L	(0.88-1.05)

PLEASE NOTE: An individual test for ionized calcium with betteraccuracy by direct measurement is available if desired.

OSMOLALITY CALCULATED	312	H	MOS/KG	(275-290)

PLEASE NOTE: An individual test for osmolality with betteraccuracy by direct measurement is available if desired.

CBC w Diff: (COLL: 02/13/2013 01:26) (MsgRcvd 02/13/2013 02:00) Final results

Test	**Result**	**Flag**	**Units**	**(Reference
WHITE BLOOD CELL COUNT	11.73	H	K/uL	(4.00-11.00
RED BLOOD CELL COUNT	5.73		M/uL	(4.40-6.00)
HEMOGLOBIN	17.1		g/dL	(13.5-18.0)
HEMATOCRIT	54.5	H	%	(40.0-52.0)
MEAN CORPUSCULAR VOLUME	95.1		fL	(80.0-100.0
MEAN CORPUSCULAR HGB	29.8		pg	(27.0-33.0)
MEAN CORP HGB CONCENTRATION	31.4		g/dL	(31.0-36.0)
RED CELL DISTRIBUTION WIDTH	15.3		%	(< 16.4)
PLATELET COUNT	221		K/uL	(150-400)
MEAN PLATELET VOLUME	11.8		fL	(9.4-12.4)

LYMPHOCYTES PERCENT	70.2	H	%	(26.0-46.0)
MONOCYTES PERCENT	7.4		%	(2.0-12.0)
NEUTROPHILS PERCENT	20.1	L	%	(49.0-74.0)
LYMPHOCYTE ABSOLUTE	8.24	H	K/uL	(1.00-5.10)
MONOCYTE ABSOLUTE	0.87	H	K/uL	(0.00-0.80)
NEUTROPHILS ABSOLUTE	2.35		K/uL	(2.00-8.00)
EOSINOPHIL PERCENT	1.8		%	(0.0-5.0)
BASOPHILS PERCENT	0.5		%	(0.0-2.0)
EOSINOPHIL ABSOLUTE	0.21		K/uL	(0.00-0.45)
BASOPHIL ABSOLUTE	0.06		K/uL	(0.00-0.20)
NRBC /100 WBC	0.0		%	(0.0-0.0)

PROGRESS AND PROCEDURES
Course of Care: 02:05. Asystole throughout per EMS. Monitor with fine V Fib vs asystole here. Given epi x3 in field and 3 here. Defibrillation given borderline monitor, without any change. IVF via EMS IO during transport and continued during code. Bicarb given given down time, small potential for benefit. Glucagon given for potential BB OD, although not on BB and none noted at scene. Labs resulted after code called. h/h high, other abnormalities of uncertain significance in code scenario. Could well be quite dehydrated. After 20+ minutes here with good quality CPR, multiple meds and IVF, no change in condition. Code called at 134 am.

02:59. Registration found contact info for father. Spoke with patients mother and advised they both come in asap. They will be coming shortly.

03:33. Parents here, requesting clergy. Coroner here as well.
Transferring to gurney.. (Asystole on all checks
No spontaneous breathing or pulse.
Epi x3
Defib 200J x3
BVM and manual CPR throughout.).

Patient/family counseled. Old ED records reviewed (history of psych complaints and drug use.).

Disposition: Condition: deceased.

CLINICAL IMPRESSION
Cardiac arrest.
Asystole.
Ventricular fibrillation.

(Electronically signed by Bonnes, Ben, M.D. 02/13/2013 7:45)

DD: 02/13/2013 07:45:50; DT: 02/13/2013 07:47:51; ; D# 3074794ES; C# 13044003883

Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Moore, Xavier C	Male	4/17/1971	2116 ALLSTON WAY APT 514 BERKELEY CA 94702	510-841-1195 (Home) 510-654-9684 (Mobile)

Visit Information

	Provider	Department	Encounter #
2/13/2013 1:17 AM	Benjamin J Bonnes, MD	Ehaa Admitting	269712843